

9797
94th OVERSEAS BATTALION
ATTESTATION PAPER.

ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 198279 **A**
 Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- Valentine*
1. What is your surname?..... *Valentine*
 - 1a. What are your Christian names?..... *David Bowhey*
 - 1b. What is your present address?..... *Kenora, Ont*
 2. In what Town, Township or Parish, and in what Country were you born?..... *St Thomas, Ont*
 3. What is the name of your next-of-kin?..... *Mrs Mary Valentine*
 4. What is the address of your next-of-kin?..... *Kenora, Ont*
 - 4a. What is the relationship of your next-of-kin?..... *wife*
 5. What is the date of your birth?..... *May 8/1882*
 6. What is your Trade or Calling?..... *Police Constable*
 7. Are you married?..... *yes*
 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes*
 9. Do you now belong to the Active Militia?..... *no*
 10. Have you ever served in any Military Force?.. *25th Batt RMMF & School*
If so, state particulars of former service. *Police Sergt, Kenora, Ont*
 11. Do you understand the nature and terms of your engagement?..... *yes*
 12. Are you willing to be attested to serve in the }
 CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *David Bowhey Valentine*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Nov 10th* 1915. *D. Valentine* (Signature of Recruit)
Andr Gordon (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *David Bowhey Valentine*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *Nov 10th* 1915. *D. Valentine* (Signature of Recruit)
Andr Gordon (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *Kenora, Ont* this *10th* day of *November* 1915.

Alvan McFarlane (Signature of Justice)
Kenora

Medically Unfit - 25-6-16
Valentier
 Carded

9797

Description of David Valentine on Enlistment. **A**

Apparent Age... 32 years... 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height... 5 ft. 10 1/2 ins.

Chest measurement { Girth when fully expanded... 45 ins.
Range of expansion... 6 ins.

Complexion... Clear

Eyes... Brown

Hair... Black

Religious denominations { Church of England... yes
Presbyterian...
Methodist...
Baptist or Congregationalist...
Roman Catholic...
Jewish...
Other Denominations...
(Denomination to be stated)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and declares that he is not subject to fits of any description.

I consider him* Fit for the **Canadian Over-Seas Expeditionary Force.**

Date... Nov 6 1915 ... W. J. Sumner

Place... Kenora ... Kenora
Medical Officer.

* Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

David Dowley Valentine having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Haemacell (Signature of Officer)
Lieut.-Col.

Date... 29 Nov 1915 ... O.C. 94th Overseas Battalion

DISCHARGE DOCUMENTS

D.

R. O. No.
H. Q. No.

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 34
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... 14
- Compulsory Stoppages.....
- Casualty Forms..... X
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... 3
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 14
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name Valentine David Bowhey.
 Regt. No. 198279 Rank P6.
 Corps 94th OS. B^{co} C.C.F.
Med. Ynfir

complete Docs despt to BPC on m #10 2505
 Ref BPC 886. d/30-1-79 G.S.
 shoox d 10-2-19
 am
 complete Docs to B.P.C. on m m m
 2505; Ref B.P.C. spec 400 of 17-2-19
 L.M.C.
 Ref 24/2/19

~~Doc~~
~~167~~
~~21~~



01414
 11/76

M.A.
 1/22

on 2067-14
 1 paycard

17/10/51



649-8-299

CARD NO.

✓

198
219
SURNAMES
(with P.S. CR. 1421)
CHRISTIAN NAMES

Valentine

David. Bowhey

S. O. S. No
23/6/16. FOLL. 5

REGL. No. 198279

RANK Pro / Sgt.

UNIT 94th

Bn

FORMER CORPS 25th Bn P.M. w. m. O. S. D. school. Police Sergeant

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Valentine Mrs. Mary

RELATIONSHIP TO SOLDIER wife

ADDRESS Kenora, Ont.

COUNTRY OF BIRTH Canada, St. Thomas.

DATE Elen May 8th 1882

PLACE OF ATTESTATION Kenora, Ont.

DATE Opt Nov 10th, 1915

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Police Constable

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

33

YEARS

5

MONTHS

HEIGHT

5

FEET

10 1/2

INCHES

CHEST MEASUREMENT

45

INCHES

EXPANSION

6

INCHES

COMPLEXION

Wheat

EYES

Brown

HAIR

Black.

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Kenora, Ont,

DATE

Nov 6th 1915

Present Address

Kenora, Ont,

✓ VALENTINE, ✓ David Bowbey, ✓ Sgt. ✓ Pte. No. 198279. 94 Bn.

MEDALS &
DECORATIONS

(Widow)

Mrs. Mary Ann Valentine,
29 Ralph Ave.,
Transcona, Man.

PLAQUE &
SCROLL

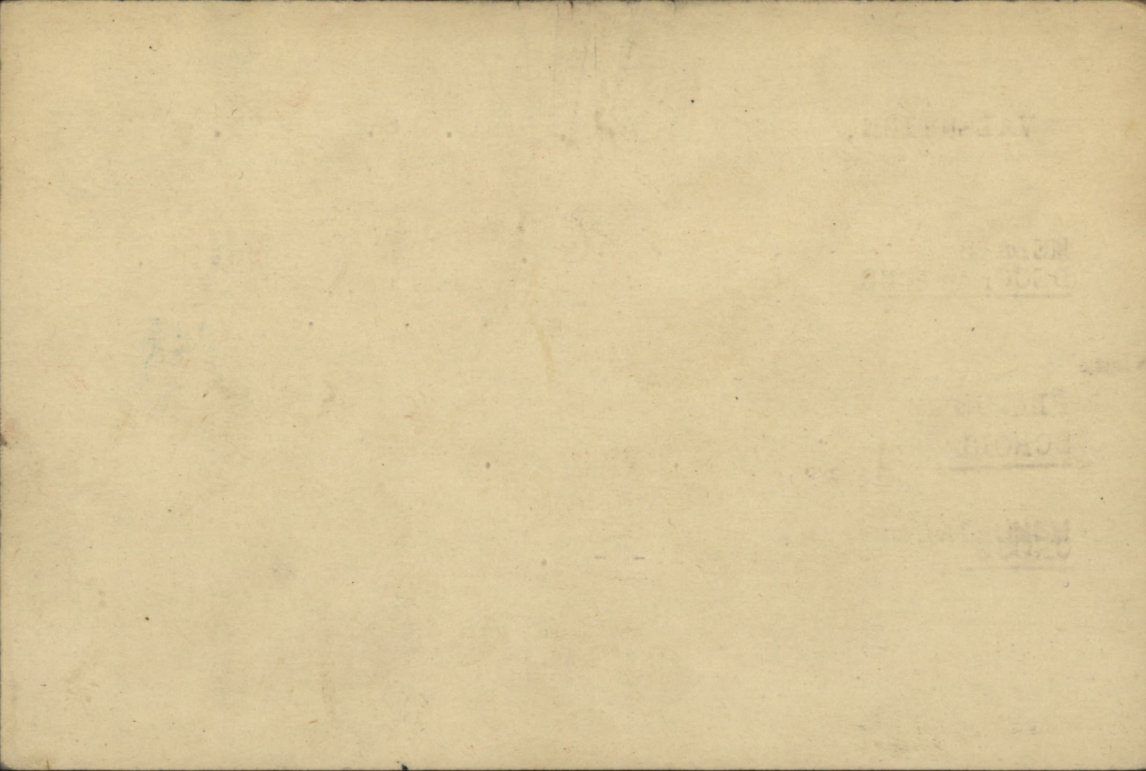
Widow, as above. S.P.

MEMORIAL
CROSS

Died 19-8-21. a

Canada only.
Mf.

58066



No. 198274 RANK

Pte (sergt)

NAME Valentine D. B.

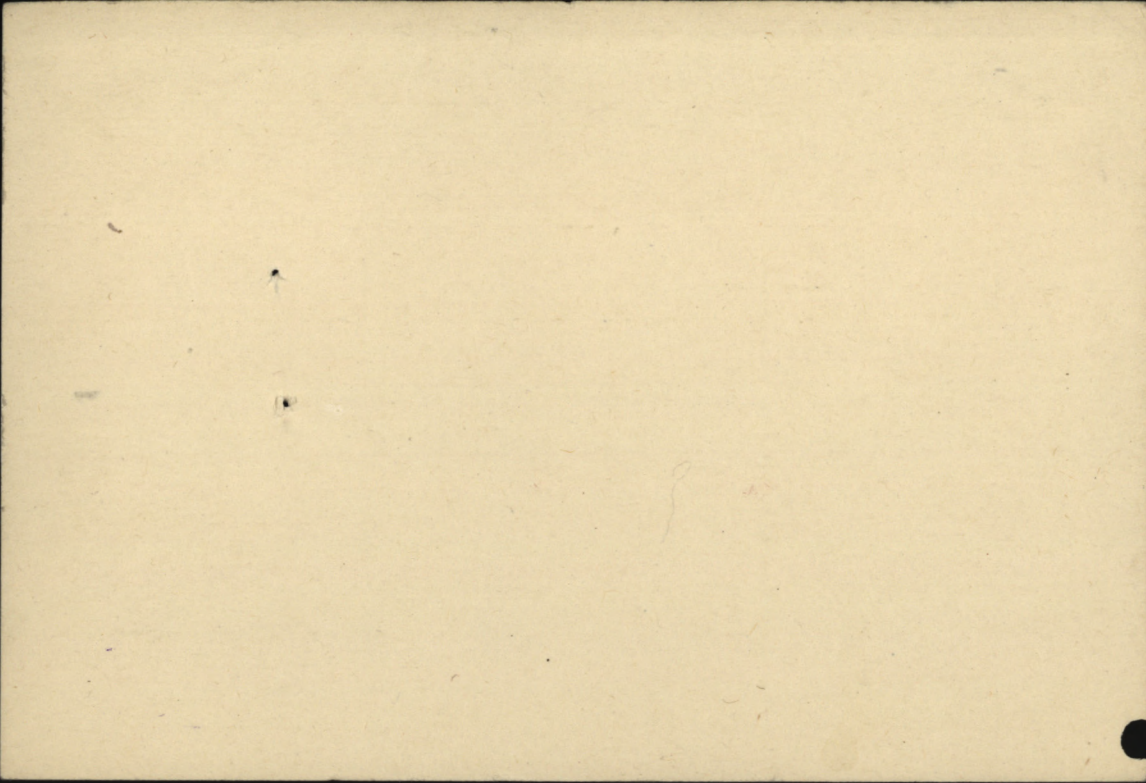
T. O. S. 10-11-15 UNIT

94th Battalion C. E. F.

(DO 14 of 25-11-15)

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Nov 10	Nov. 30	✓		
Dec 1	Dec. 17	✓	Prom. to Sgt. 1-12-15	DO 35 of 20-12-15
Dec. 18	Dec. 31	✓		
1916	1916	✓		
Jan.		✓		
Feb.		✓		
Mar.		✓		
April		✓		
May 1	May 31	✓		
June 1	June 25	✓	Disch'd 25-6-16 unfit for service - etc closed by payment ✓	D.O. 192 of 24-6-16 UNIT SAILED JUN 28 1916



9797

Dead

D

Fill in Only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

94th OVERSEAS BATTALION

Unit, Regiment or Corps _____

Regimental No. 198279 Rank Pt. Name Valentine David Bowley

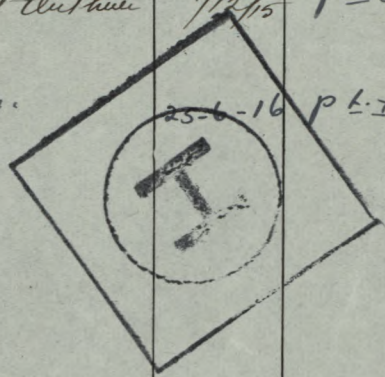
Enlisted (a) 10/11/15 Terms of Service (a) Duration of war Service reckons from (a) Enlistment

Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

20/12/15	O.C. 94th Paul Anthony	Promoted to Sergeant	Paul Anthony	1/12/15	Pt. II Order # 35.
24-6-16	94th Rm.	S.O.S. = med. Unfit.		25-6-16	Pt. II Order # 192



P. Anthony
Dorset of B.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoeing Smith, etc., also special qualifications in technical Corps duties.

COPY

94th OVERSEAS BATTALION

MEDICAL HISTORY SHEET.

Surname Valentine Christian Name David Bowhey

Examined { on 6 day of Nov 1915
at Kenora

Approved by (s) W. J. Gunne

Birthplace { City or Town St Thomas
County Ontario

Rank _____ M.O.

Apparent age 32

Trade or occupation Police man

Height 5 Feet 10 1/2 Inches

Weight 200 Lbs.

Chest measurement { Minimum 40 inches

{ Maximum expansion 6 inches

Physical development Good

Small-Pox Marks No

Vaccination Marks { Arm Right Left
Number 1

When Vaccinated last 1902

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.
		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
15/5/16	Good	700 MacEwen. Capt. M.O.
27/5/16	"	700 MacEwen. Capt. M.O.
14/6/16	"	700 MacEwen. Capt. M.O.

Enlisted on 10 day of November 1915 at Kenora

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>94th O/S</u>	<u>198249</u>		<u>10 Nov 1915</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Kenora</u>	<u>10/11/16</u>	<u>Endocarditis</u>	<u>Described as medically unfit approved</u>
<u>J. D. Ruppel, Lieut.</u> <small>Captain & Adjutant 94th Overseas Battalion</small>			<u>A. D. M. S. Valcartier</u> <small>Lieut. Colonel</small> <small>A. D. M. S. Valcartier Camp, P. O.</small>

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....94th. Overseas Battalion.....

(2) Regimental Number.....198279.....

(3) Full Name of Soldier.....Valentine David Bowhey.....

(4) Place of Birth.....St. Thomas, Ontario.....

(5) Are you married, or not?.....Yes.....

(6) If married, state,

(a) Full name of your wife.....Mary Anne Valentine.....

(b) Present Postal Address.....Kenora, Ont.....

(7) Are you a widower?.....Yes.....

(8) Have you any children?.....4.....

If so, give number of boys and girls.....2 girls 2 boys.....

Also their names and ages.....Alvin Valentine.....10 years.....

.....Mabel.....".....6....."

.....Thomas.....".....4....."

.....Bessie.....".....2....."

(9) Is your Father alive?..... No.

If so, state name and address

(10) Is your Mother alive?..... Yes.

If so, state name and address..... Mrs. Elizabeth Valentine,

..... St. Thomas, Ont.,

(11) If your Mother is a widow..... Yes.

Are you her sole support, or not?..... No.

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

..... Mrs. Mary Anne Valentine

..... Kenora, Ont.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

..... Yes.

(15) Are you insured?..... No.

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date..... 9161 MAY 1 1916

C. S. Edwards Lieut. Col.
for O.C. 94th Overseas Battalion

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mary Valentine*Wife*

Name of Soldier

Valentine D. B.

L. L. Job 8902.—Req. 6213.

PAYMENTS.

198279

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	K3910	25	25
May		R5440	25	25
June		W7333	25	25
July			X	✓
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED

DATE.....1916.....PER.....
JUL 4-

Dis 25/6/16 paid 25/6/16

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.	1919			
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		1920		
Dec.				
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

SEPARATION ALLOWANCE

10-11-15

94

Name *Mrs. Mary Valentine* Name of Soldier *Valentine, D.B.*
 Address *Kenora Ont.* Regtl. No. *198279*
 Rank *acting sergt*
 Corps *94th Batt. Kenora unit,*
 Relation to Soldier }
 wife, child or mother } *wife*
 To what Corps belonging }
 when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916	<i>F 26916</i>	<i>42</i>	<i>42</i>
Feb.		<i>H 27919</i>	<i>50</i>	<i>50</i>
March		<i>N 27918</i>	<i>25</i>	<i>25</i>

ACCOUNT CLOSED

DATE: JUL 4, 1916 PER: *W*

THE NATIONAL ARCHIVES

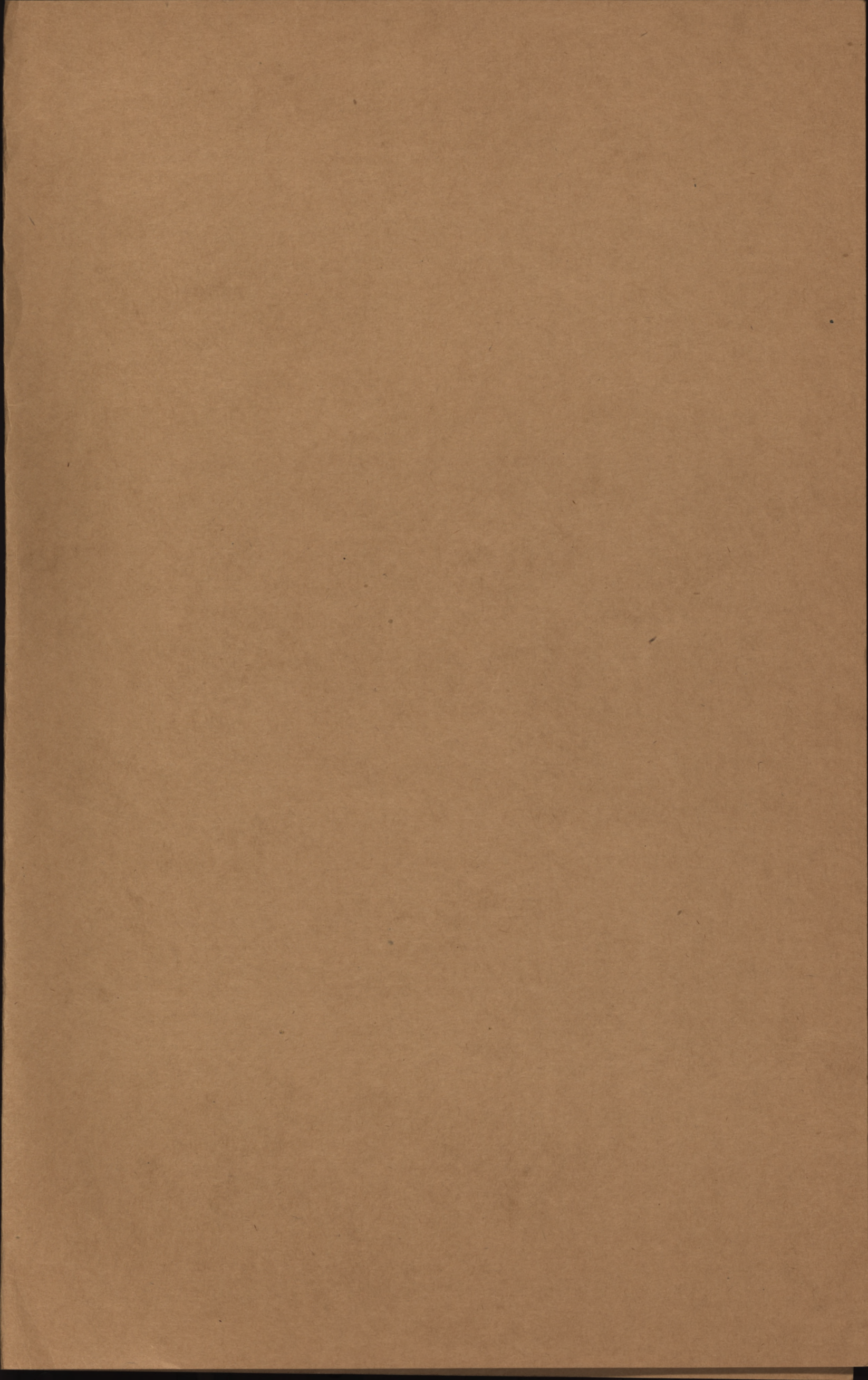
1944

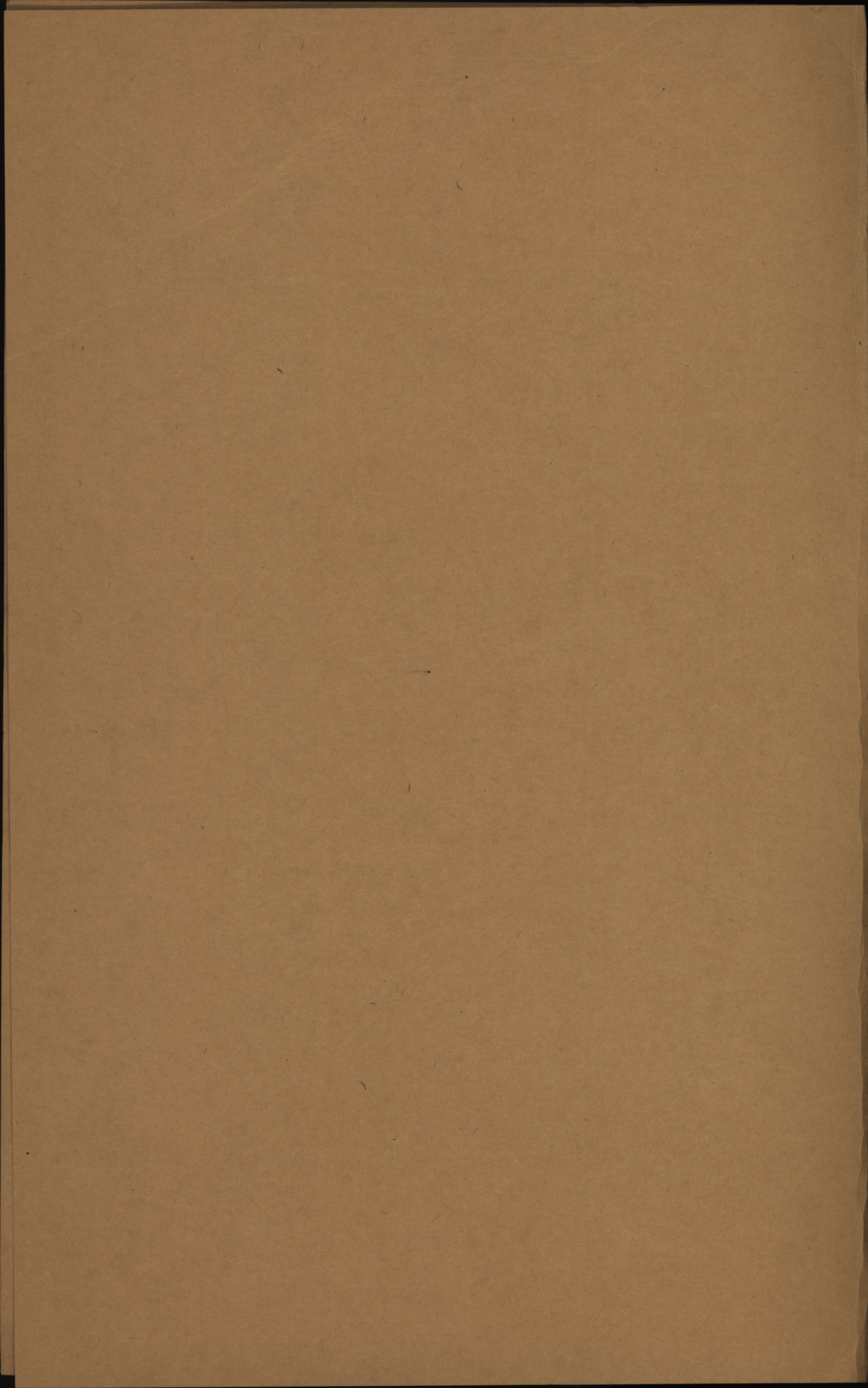
RECORDED

1944
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1900

198279 Valentin, D.B.
94th 'Br

6/12/37







9797

DEPT MILITIA & DEFENCE
JUL 24 1916
H.C. 198 279
CANADA

MEDICAL HISTORY OF AN INVALID.

1.—Station. Valcarlos Camp
2.—Regiment of Corps. 94th U.S. Batt
3.—Regimental No. and Rank. } 198 279
Pro. Sgt.

8.—General remarks on his :—
(a) Conduct, Good
(b) Habits, Good
(c) Temperance, Good

4.—Name. D. V. Valentine
5.—Age last Birthday. 34

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6.—Enlisted { on Nov. 5th 1915
 { at Kenner
7.—Former Trade or Occupation. } Policeman

Date June 23/16

9.—Service.	Years.	Days.
<u>94th U.S. Batt.</u>	PERIODS.	
	From	To
	<u>Nov 5th 1915</u>	<u>June 23/1916</u>

10.—Disease or Disability. no - (endocarditis)

11.—Date of origin, cause, present condition and whether the same is the result of service or climate. 1 2 3
4
1) Unknown 2) Rheumatism
3) Myocardial degeneration 4) Hypertension
Minor 4) No

Has it been aggravated by intemperance, vice or misconduct?
no

B. P. C. FOLIO
FALSE DOCKET
2

[OVER]

9797

MEDICAL HISTORY OF AN INVALID.

12.—In gunshot wounds, or other injuries, state how caused; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held?

1. Service Location Camp

Not Applicable

13.—In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not Applicable

14.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

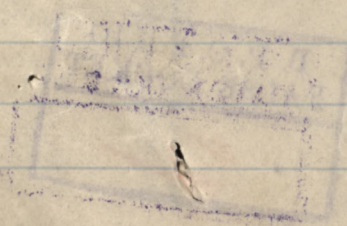
Not Applicable

15.—Is the disability permanent? If not, state its probable duration. To what extent will it prevent his earning a full livelihood?

Yes
no

16.—Full particulars of medical treatment of case up to date of invaliding.

No



9797

C

17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand of Corps.

~~Discharged as unfit for service
not applicable~~

18—State if for discharge on account of unfitness for service.

Medically unfit for service

Residence Capt

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

(In which it should be stated how far the Board concurs in the above Report.)

The board concurs with above report and recommends that to be discharged as medically unfit

Signatures :—

[Signature]

President.

Station

Yalcother Camp Que

[Signature]

Members.

Date

June 23/1916

[Signature]

Date

25/16

Assistant Director of Medical Services.

Approved.

Date

38/16

[Signature]

Director of Medical Services.

B. P. C. [OVER] FALSE DOCKET

9797

17.—If previously proposed for discharge on medical grounds, state the date, the disability for which recommended for discharge, and the cause of remand of Corps.

Exchanged as wife for service
best appearance

18.—State if for discharge on account

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

The board covers with above report and recommendations that he be discharged as incapacitated.

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
20th. 10-15.
H. Q. 1772-89-117.

Date	Station	Corps	Regimental No.	Rank	Name	Disability	Date	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

The original Report is invariably to accompany the discharge documents of Invalids.

